



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 09/740,679 Confirmation No.: 6074
Applicant: J. Stuart Cumming
Filing Date: December 19, 2000
Title: Accommodating Intraocular Lens
Group Art Unit: 3732
Examiner: Eduardo C. Robert
Docket No.: 13533.4033
Customer No.: 34313

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is a preliminary amendment in the above-identified application.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
	Fee	\$0.00

☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$0.00

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: May 25, 2005

Sally Hartwell

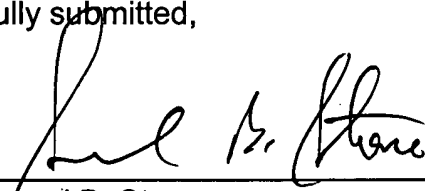
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- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	36	-	52	=	0	x	\$50.00	\$0.00
Independent Claims	6	-	4	=	2	x	\$200.00	\$400.00
Application Size Fee <small>(\$250 for each additional 50 sheets or fraction thereof)</small>		-	100	=	100	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$400.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input checked="" type="checkbox"/>								\$200.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)			<input type="checkbox"/>					\$0.00
TOTAL FEES SUBMITTED HEREWITH								\$200.00

Respectfully submitted,

Dated: May 25, 2005

By: 
Samuel B. Stone
Reg. No. 19,297

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PRELIMINARY AMENDMENT

Sir:

Reconsideration of this application is requested.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 20 of this paper.

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Dated: May 25, 2005


Sally Hartwell

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